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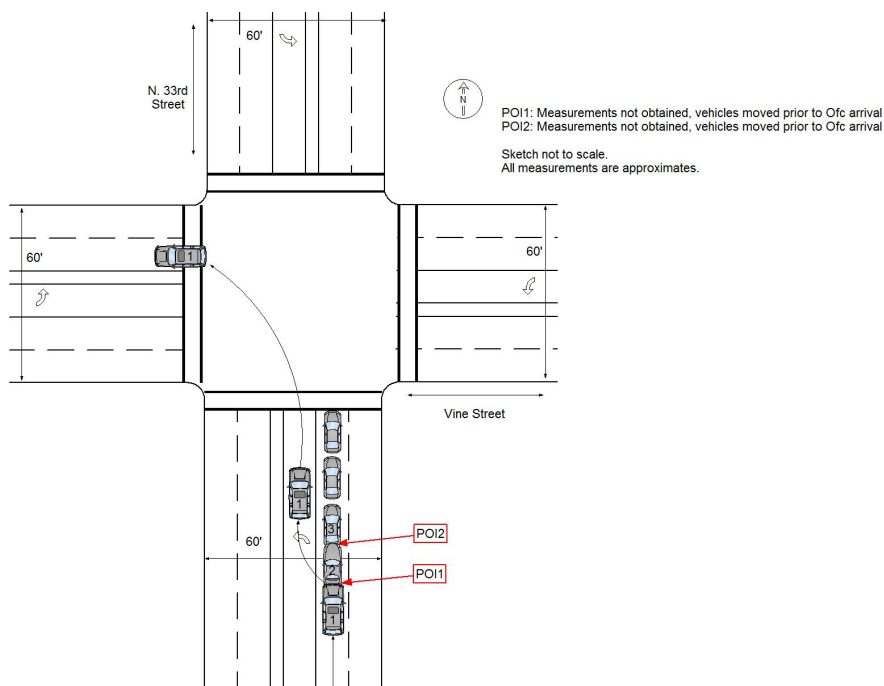
State of Nebraska
Investigator's Motor Vehicle Accident Report

Sheet 1 of 4

3	Total Number of Vehicles	Local No./ District 030	Agency Case No. B6-012015	HIT & RUN? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	INVESTIGATION MADE AT SCENE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	L 1		
A/1	DATE OF ACCIDENT	M M / D D / Y Y Y Y 02/11/2016		S M T W TH F S <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		STATE USE ONLY 02/12/2016		
A/2	PLACE OF ACCIDENT	COUNTY Lancaster	CITY Lincoln	TIME OF ACCIDENT 1534	POLICE NOTIFIED 1539			
B	ROAD ON WHICH ACCIDENT OCCURRED	STREET/ HIGHWAY NO. N 33rd St		PRIVATE PROPERTY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	ONE-WAY STREET? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		LATITUDE	
C	DISTANCE FROM MILEPOST	FEET	N S E W OF MILEPOST	HIGHWAY NO.			LONGITUDE	
D	IF AT INTERSECTION NAME OF INTERSECTING ROADWAY						IF NOT AT INTERSECTION X FEET <input type="checkbox"/> MILES N S E W OF NEAREST STREET, BRIDGE, RAILROAD CROSSING	
V1/M	25.00 X Vine St							
V2/M	IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN							
E	R. WORK ZONE CODES	R1 R2 R3 R4	S. PEDESTRIAN CLASSIFICATION CODES	S1 S2 S3 S4 S5-a S5-b S6-a S6-b	DOES ACCIDENT INVOLVE DAMAGE TO STATE DEPT. OF ROADS' PROPERTY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
F	VEHICLE NO. 1							
V1/N	DRIVER LICENSE NO.	STATE (Of License)			SEX <input type="checkbox"/> FEMALE <input checked="" type="checkbox"/> MALE			
V2/N	DRIVER ADDRESS	CITY, STATE, ZIP			DATE OF BIRTH (MM / DD / YYYY)			
G	OWNER ADDRESS	CITY, STATE, ZIP			CITATION <input type="checkbox"/> PENDING <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
H	LICENSE PLATE NO.	YEAR	MAKE	MODEL	BODY STYLE	COLOR	ESTIMATED DAMAGE	
V1/O	VEHICLE	1995	Acura	INTEGRA	2 door Sedan	black	<input type="checkbox"/> TOALED \$ 1500	
V2/O	VEHICLE ID NO. (VIN)	JH4DC2385SS010311			INSURANCE COMPANY			
I	TOWED TO	TOWED BY			POLICY NO.			
J	VEHICLE NO. 2							
V1/P	DRIVER LICENSE NO.	H13722877			STATE (Of License)	NE	SEX <input type="checkbox"/> FEMALE <input checked="" type="checkbox"/> MALE	
V2/P	DRIVER ADDRESS	CITY, STATE, ZIP			DATE OF BIRTH (MM / DD / YYYY)	02/02/1999		
K	OWNER ADDRESS	CITY, STATE, ZIP			CITATION <input type="checkbox"/> PENDING <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
L	LICENSE PLATE NO.	PA TVX401	YEAR	MAKE	MODEL	BODY STYLE	COLOR	ESTIMATED DAMAGE
M	VEHICLE	1995	Acura	INTEGRA	2 door Sedan	black	<input type="checkbox"/> TOALED \$ 1500	
N	VEHICLE ID NO. (VIN)	JH4DC2385SS010311			INSURANCE COMPANY			
O	TOWED TO	TOWED BY			POLICY NO.			
P	Complete this section for all injured persons (Complete a continuation report, if more than three were injured)						DATE OF BIRTH (MM / DD / YYYY)	1 2 3 4 5 SEX Seat Position Eject Body Region Injury Sev. Trans. M F
Q	VEH. #	NAME	ADDRESS	LOCAL NO.	MEDICAL FACILITY NAME	EMS SERVICE NAME	EMS RUN REPORT NO.	
R	VEH. #	NAME	ADDRESS	LOCAL NO.	MEDICAL FACILITY NAME	EMS SERVICE NAME	EMS RUN REPORT NO.	
S	VEH. #	NAME	ADDRESS	LOCAL NO.	MEDICAL FACILITY NAME	EMS SERVICE NAME	EMS RUN REPORT NO.	

INDICATE BY DIAGRAM WHAT HAPPENED

Indicate North by Arrow



D2 and D3 both stated that they were NB on N 33rd St stopped for the red light at Vine St in the center through lane. D2 stated that while he was stopped a black Chevy Trail Blazer collided with him from behind causing his vehicle to move forward and collide with V3. D3 stated she was stopped at the red light when V2 collided with the back of her vehicle as a result of the collision with V1. D2 said that he spoke with D1 momentarily before D1 turned left and traveled WB on Vine St, leaving the scene of the accident without exchanging information. D2 stated that he did not get a license plate for the vehicle but saw the driver was a B/M between 40-50 years old. D2 stated that he thought there may have been a B/F passenger but he wasn't sure and could give no further description. The speed for V1 at the time of the collision is unknown.

PROPERTY	OBJECT DAMAGED				OWNER NAME				ADDRESS				PHONE				APPROX. COST OF DAMAGE \$																								
	OBJECT DAMAGED				OWNER NAME				ADDRESS				PHONE				APPROX. COST OF DAMAGE \$																								
WITNESSES	NAME								ADDRESS								PHONE																								
	NAME								ADDRESS								PHONE																								
VEHICLE MOVEMENT BEFORE COLLISION										POINT OF IMPACT AND MOST DAMAGED AREA (Enter numbers for each vehicle)										AIRBAG DEPLOYED VEHICLE 1						RESTRAINT USE VEHICLE 1						TOTAL OCCUPANTS		VEH 1		0		VEH 2		1	
VEH NO.		N	S	E	W	ROAD OR HIGHWAY NAME														ALCOHOL TESTING		Driver No. 1		Driver No. 2		Pedestrian															
1		X				N 33rd St														VEHICLE 1		VEHICLE 2		ALCOHOL LEVEL TESTED		Y		Y		Y											
2		X				N 33rd St				POINT OF IMPACT		01		POINT OF IMPACT		05		N		X		N																			
1		01		06 Turning left 07 Making U-turn 08 Entering traffic lane 09 Leaving traffic lane 10 Parked 11 Slowing or stopped in traffic 12 Other 13 Unknown				MOST DAMAGED AREA		01		MOST DAMAGED AREA		01		1 Deployed - front 2 Deployed - side 3 Deployed - both front/side 4 Not deployed 5 Not applicable/ No airbag available 6 Unknown		1 None used - vehicle occupant 2 Lap & shoulder belt used 3 Shoulder belt only used 4 Lap belt only used 5 Child safety seat used 6 Child booster seat used 7 DOT approved helmet used 8 Costume helmet used 9 Restraint use unknown		BAC LEVEL				ALCOHOL/ DRUGS SUSPECTED 1 Neither alcohol nor drugs suspected 2 Yes - alcohol suspected 3 Yes - drugs suspected 4 Yes - alcohol & drugs suspected 5 Unknown																	
2		11						00 None		02		03		04						05		06				07		08		09		10									
01 Essentially straight ahead 02 Backing 03 Changing lanes 04 Overtaking/ Passing 05 Turning right						09 Top & windows 10 Undercarriage 11 Total (all areas) 12 Other												VEHICLE 2		VEHICLE 2		Driver No. 1 5 Driver No. 2 1																			
																		4		2																					
OFFICER NO. 1755						TROOP/ TEAM/ BEAT SW						DEPARTMENT Lincoln Police Department						Photographs taken? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO																							
INVESTIGATOR NAME (Print or Type) Seth Pinnow										INVESTIGATOR SIGNATURE Approved by Officer Seth Pinnow										DATE OF REPORT 02/12/2016																					

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State of Nebraska

Investigator's Motor Vehicle Accident Continuation Report Sheet 3 of 4

Local No./
District

030

Agency
Case
No.

B6-012015

STATE USE ONLY

Vehicle
Codes
from
Overlay
#2

DATE OF ACCIDENT (MM / DD / YYYY)

02/11/2016

PLACE
OF
ACCIDENT

COUNTY

Lancaster

CITY

Lincoln

Sequence
of Events

ROAD ON WHICH ACCIDENT OCCURRED STREET/HIGHWAY NO. N 33rd St

VEH. #	VEHICLE NO. <u>3</u>										VEH. #		
3	DRIVER LICENSE NO.		H12901855				STATE (Of License)		NE	SEX	<input checked="" type="radio"/> FEMALE <input type="radio"/> MALE	3	
M	DRIVER LAUREN R DINAN						PHONE		308-380-0905		LOCAL NO.	1.	
01	DRIVER ADDRESS 4231 G ST, LINCOLN, NE 68510						CITY, STATE, ZIP		DATE OF BIRTH (MM / DD / YYYY)		05/17/1989	18	
N	OWNER ROSE M DINAN						PHONE		308-380-0905		LOCAL NO.	2.	
2	OWNER ADDRESS 309 N 4TH ST, DONIPHAN, NE 68832						CITY, STATE, ZIP		CITATION <input type="radio"/> YES <input checked="" type="radio"/> NO		CITATION NO.	3.	
O	LICENSE PLATE PA NO. 8C9504						YEAR (Plate Expires)		2017		STATE (Of Plate)	NE	4.
P	VEHICLE 2002						MAKE		Chevrolet		MODEL	MALIBU	5.
4	VEHICLE ID NO. (VIN) 1G1ND52JX2M617682						BODY STYLE		4 door Sedan		COLOR	white	18
	TOWED TO						TOWED BY		INSURANCE COMPANY		Auto Club Insurance Association		6.
									POLICY NO.		18-018271002		35

VEH. #	VEHICLE NO. <u>4</u>										VEH. #		
4	DRIVER LICENSE NO.						STATE (Of License)			SEX	<input type="radio"/> FEMALE <input type="radio"/> MALE	4	
M	DRIVER						PHONE				LOCAL NO.	1.	
N	DRIVER ADDRESS						CITY, STATE, ZIP		DATE OF BIRTH (MM / DD / YYYY)			2.	
O	OWNER						PHONE				LOCAL NO.	3.	
P	OWNER ADDRESS						CITY, STATE, ZIP		CITATION <input type="radio"/> YES <input type="radio"/> NO		CITATION NO.	4.	
Q	LICENSE PLATE NO.						YEAR (Plate Expires)				STATE (Of Plate)		5.
	VEHICLE						YEAR		MAKE		MODEL	BODY STYLE	6.
	VEHICLE ID NO. (VIN)						COLOR		ESTIMATED DAMAGE		<input type="radio"/> TOTALED \$		
	TOWED TO						TOWED BY		INSURANCE COMPANY				
									POLICY NO.				

VEHICLE MOVEMENT BEFORE COLLISION				POINT OF IMPACT AND MOST DAMAGED AREA (Enter numbers for each vehicle)				AIRBAG DEPLOYED VEHICLE <u>3</u>				RESTRAINT USE VEHICLE <u>3</u>				TOTAL OCCUPANTS VEH <u>3</u> 1 VEH <u>4</u>				
VEH NO.	N	S	E	W	ROAD OR HIGHWAY NAME															
3	X				N 33rd St															
4																				
3	11				06 Turning left				POINT OF IMPACT				1 None used - vehicle occupant				ALCOHOL TESTING			
4					07 Making U-turn				05				2 Lap & shoulder belt used				Driver No. Driver No.			
					08 Entering traffic lane				MOST DAMAGED AREA				3 Shoulder belt only used				Y Y			
					09 Leaving traffic lane				05				4 Lap belt only used				N X N			
					10 Parked				02 03 04				5 Child safety seat used							
					11 Slowing or stopped in traffic				01 05				6 DOT approved helmet used							
					12 Other				08 07 06				7 Costume helmet used							
					13 Unknown								8 Restraint use unknown							

Complete this section for all injured persons										DATE OF BIRTH (MM / DD / YYYY)		1	2	3	4	5	SEX M F	
VEH. #	NAME					ADDRESS							Seat Position	Eject	Body Region	Injury Sev.	Trans.	
	LOCAL NO.					MEDICAL FACILITY NAME					EMS SERVICE NAME		EMS RUN REPORT NO.					
VEH. #	NAME					ADDRESS												
	LOCAL NO.					MEDICAL FACILITY NAME					EMS SERVICE NAME		EMS RUN REPORT NO.					
VEH. #	NAME					ADDRESS												
	LOCAL NO.					MEDICAL FACILITY NAME					EMS SERVICE NAME		EMS RUN REPORT NO.					

ADDITIONAL - DIAGRAM & INFORMATION AS REQUIRED FOR ACCIDENT



Indicate
North
by Arrow

AGENCY CASE NO.

B6-012015

PROPERTY	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
WITNESSES	NAME		ADDRESS		PHONE
	NAME		ADDRESS		PHONE
OFFICER NO. 1755		TROOP/ TEAM/ BEAT SW		DEPARTMENT Lincoln Police Department	
INVESTIGATOR NAME (Print or Type) Seth Pinnow			INVESTIGATOR SIGNATURE Approved by Officer Seth Pinnow		DATE OF REPORT 02/12/2016